



## **REQUIRED PROFESSIONAL EXPERIENCE SUPERVISOR RESPONSIBILITY STATEMENT**

All qualified speech-language pathologists or audiologists who assume responsibility for providing supervision to a required professional experience (RPE) must complete and sign under penalty of perjury, the following statement.

- 1) I possess the following qualifications to supervise a speech-language pathology or audiology applicant:  
  
A California license issued by the Speech-Language Pathology and Audiology Board, or  
  
If employed by the public school, current Certificate of Clinical Competence in speech-language pathology or audiology, respectively issued by the American-Speech-Language-Hearing Association.
- 2) I agree to ensure that either my California license or my ASHA CCC is renewed in a timely manner. Failure to do so could result in a loss of credit for experience obtained by the RPE.
- 3) I agree to provide 8 hours direct supervision per month for each full-time RPE and 4 hours direct supervision per month for each part-time RPE. (Full-time is defined as 30-40 hours per week. Part-time is defined as 15-29 hours per week).
- 4) I will not supervisor more than 3 RPE's at any one time pursuant to Section 1399.153.4 of the California Code of Regulations.
- 5) I will immediately notify the RPE of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure that effects my ability or right to supervise.
- 6) I know and understand the laws and regulations pertaining to the supervision of the RPE's and the experience required.
- 7) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the RPE and shall be accountable for the assigned tasks performed by the RPE.
- 8) I will provide the Board with this original signed form within 30 calendar days of commencement of any supervision. I will provide a copy of this form to the RPE.
- 9) At the time of termination of supervision, I will complete the Required Professional Experience (Verification) form. I will submit the original signed form to the board within 10 calendar days of termination of supervision.
- 10) I have completed the initial 6 hours of continuing professional development in supervision training and will complete 3 hours every renewal cycle hereafter.

**Please keep this page for your records**

**INSTRUCTIONS:** This form is used to report a change in supervisor only. **It is not used to provide the start date of the RPE.** All sections of this form must be completed or it will be returned. This form must be mailed to the Board within 30 days of beginning supervision.

The following individuals currently holding a temporary license with the board, are obtaining their RPE under my supervision:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE APPLICANT		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE APPLICANT		

Supervision:

\_\_\_\_\_ The RPE will be working full-time (30-40 hours per week) and I agree to provide eight hours a month direct supervision. Four of the eight hours will be in screening, therapy and evaluation.

\_\_\_\_\_ The RPE will be working part-time (15-29 hours per week) and I agree to provide four hours a month direct supervision. Two of the four hours will be in screening, therapy and evaluation.

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing. I further certify that all information submitted on this form is true and correct.***

\_\_\_\_\_  
Supervisor's Signature (in blue ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
License Number or CCC #  
(If not licensed, please attach an original  
"Verification of Certification" letter)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Beginning Date of Supervision

I am reporting:

\_\_\_\_\_ a change of supervisor (Previous supervisor must submit a Verification form within 10 working days.)

\_\_\_\_\_ an additional supervisor

\_\_\_\_\_  
RPE Applicant's Signature (in blue ink)

\_\_\_\_\_  
RPE Number

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Please return this signed page to:

Speech-Language Pathology and Audiology Board  
2005 Evergreen Street, Suite 2100  
Sacramento, CA 95815